



COMPOSITE HEALTH CARE SYSTEM

“Essential Elements for Data Quality...”

**Data Quality Management Control Program
TRICARE Data Quality Course**

March 2011



Agenda

- **Part 1 - CHCS - Essential Elements...**
 - Data Quality Building Blocks
 - CHCS Support for Data Quality
 - Managing Data Quality in CHCS
 - Information Resources
- **Part 2 - Ambulatory Data Module (ADM)**
 - CHCS-ADM/AHLTA Data Updates
 - Business Rules & Process Checks



Brief Notes:

- Hyperlinks can only be accessed from Slideshow Mode
- Imbedded Icons can only be accessed from Normal View
- See Notes View for Additional Details and Business Rules
- The data is real, only the names have been changes to ensure compliance with HIPAA Protected Health Information (PHI)
- Re-use of any charts, graphics or animations - Encouraged!



Course Objectives

- **Managing Data Quality in CHCS:**
 - Identify “Essential Elements” in CHCS that must be maintained to support Data Quality
 - Highlight features and business rules that impact Data Quality
 - Identify data flows and processes to improve Data Quality
 - Who needs to be on Your Team?
- **Information and Training Resources...**



Womack Army Medical Center

Your Data Is Showing ...

WEB SITE	LINK
TRICARE Operations Center (Internet Explorer 6.0) <ul style="list-style-type: none">▪ Access to Care Template Analysis▪ Enrollment Status Reports	http://mytoc.tma.osd.mil/Front_pageA.html
CarePoint HEDIS Population Health Portal (As of Jan 2011) <ul style="list-style-type: none">▪ HEDIS Measures/Action Lists▪ Medical Home Entries	https://carepoint.afms.mil
CarePoint Portal - Clinical Applications (As of Jan 2011) <ul style="list-style-type: none">▪ Patient Summary, Peer Review and ProActive Patient Mgmt▪ Wellness Reminder Checks, Referral Tracking	https://carepointsuite.wamc.amedd.army.mil
AMEDD Command Mgmt System <ul style="list-style-type: none">▪ Key AMEDD Metrics and MTF Report Cards▪ Library of Manage the Business Download Files	https://logistics.mods.army.mil/CMS/default.aspx Click on MAPR Icon for Interactive Reports and Downloads
AKO (Access Knowledge Center) <ul style="list-style-type: none">▪ OTSG/MEDCOM TRICARE Division▪ Portal to Access Measures and Download Files	https://www.us.army.mil/suite/page/336433
Army PASBA (CAC Log-In) <ul style="list-style-type: none">▪ Coding VTC Presentations▪ On-Line Applications (Coding, RVU and Provider Productivity)	https://pasba3.amedd.army.mil/login/login.fcc
AMEDD Clinical Systems Exchange Portal <ul style="list-style-type: none">▪ CHCS/AHLTA Support & Pearls▪ Clinic Workflow/Business Process Re-Engineering	https://mitc.amedd.army.mil/vmc/default.aspx * Requires DoD CAC e-MAIL Certificate
Navy AHLTA Resource Center	http://www.navyahlta.com/choose-mtf.asp?s=466324380




Womack Army Medical Center

Web-Based Training Resources

WEB SITE	LINK
AHLTA/CHCS Virtual Classroom Web Based & Virtual Classroom Courses available for download	http://dhims.health.mil/userSupport/ahIta/training/tutorials.aspx
CHCS Scheduled Classes Scheduled Instructor Lead Classes Various CHCS Sub-Systems	https://fieldservices2.saic.com/Report.aspx?Id=506
CarePoint Application Suite Video Tutorials CarePoint Community DCO Virtual Classroom Schedule	http://www.afchas.com/community/pages/homepage.html
Show-Me Academy (Not Available from WAMC) Excellent "Excel" Video Tutorials 50+ Skill Builder Topics (No Registration Required)	http://www.showmeacademy.com/list_of_video_tutorials/
Chandoo Dashboards Excel Tips & Blog Charts & Data Visualization Techniques	http://chandoo.org/wp/
Contextures Excel Tips & Blog Extensive Download Library	http://www.contextures.com/tiptech.html
Datapig Technologies Excel Video Tutorials	http://www.datapigtechnologies.com/indexpay.htm



Virtual Classroom



MHS **MILITARY HEALTH SYSTEM** | U.S. Department of Defense
ELECTRONIC HEALTH RECORD: *USER SUPPORT (AHLTA)*

[Home](#) | [About](#) | [System Info & Updates](#) | [Guides & Manuals](#) | [Training](#) | [Help Desk](#) | [FAQS](#) | [Back to DHIMS](#)

Quick Links
[AHLTA](#)
[AHLTA-dental](#)
[TMIP](#)

Vision
 The Premier Global
 Electronic Health Record

MILITARY'S EHR

- ▶ 9.6 million beneficiaries with clinical data
- ▶ 77,000 active users
- ▶ Averages 140,000 new encounters per day

[Home](#) | [AHLTA](#) | [Training](#) | [Tutorials](#)

Tutorials

These tutorials provide a quick overview of various topics, modules and encounters found in AHLTA and the Composite Health Care System (CHCS). For some of the tutorials or demonstrations, the user will be 'walked through' certain scenarios to depict a particular situation for a more hands-on approach.

Choose from the following tutorials:

- ▶ [AHLTA 3.3 Computer-Based Training](#)
- ▶ [AHLTA 3.3 Self Training](#)
- ▶ [AHLTA 3.3 Virtual Classroom](#)
- ▶ [CHCS Self Training](#)
- ▶ [CHCS Virtual Classroom](#)

HELPDESK
 Having EHR trouble?
 The MHS Help Desk provides support for U.S. military medical information systems worldwide, 24/7!
 Email: MHS_REMEDY@timpo.osd.mil
[Click for More Info](#)

Composite Health Care System (CHCS)

CHCS Self Training	Date	Type	Size
Laboratory (LAB) Course 2: CHCS LAB Front Desk Operations II	02/01/06		676KB
Managed Care Program (MCP) Course 4: Advanced Front Desk	03/24/06		1.1MB



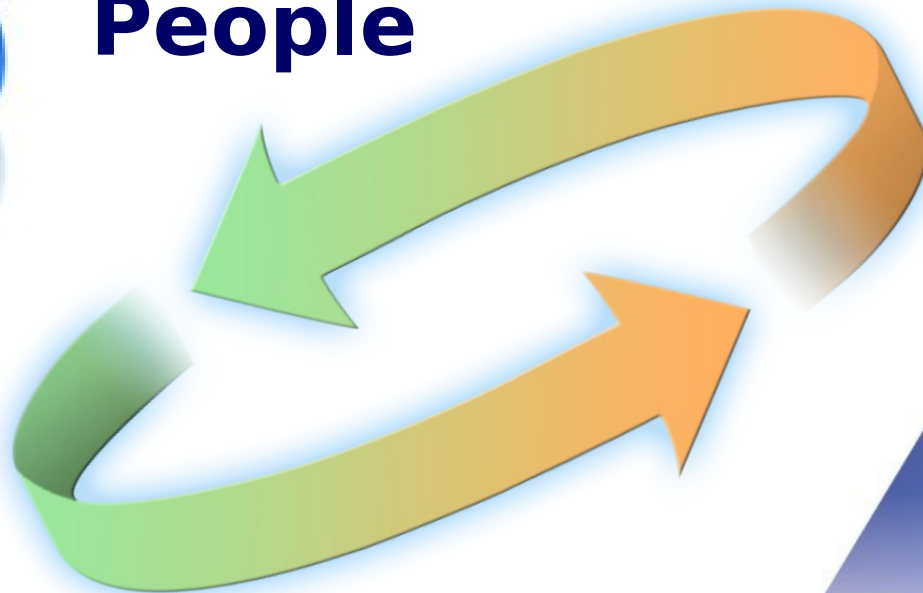
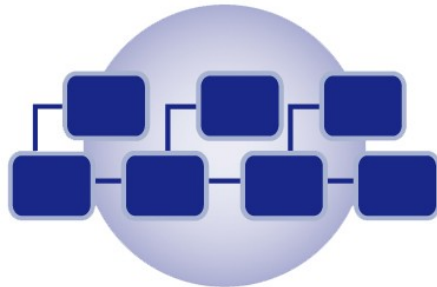


Data Quality Management



People

Process



**Technolo
gy**





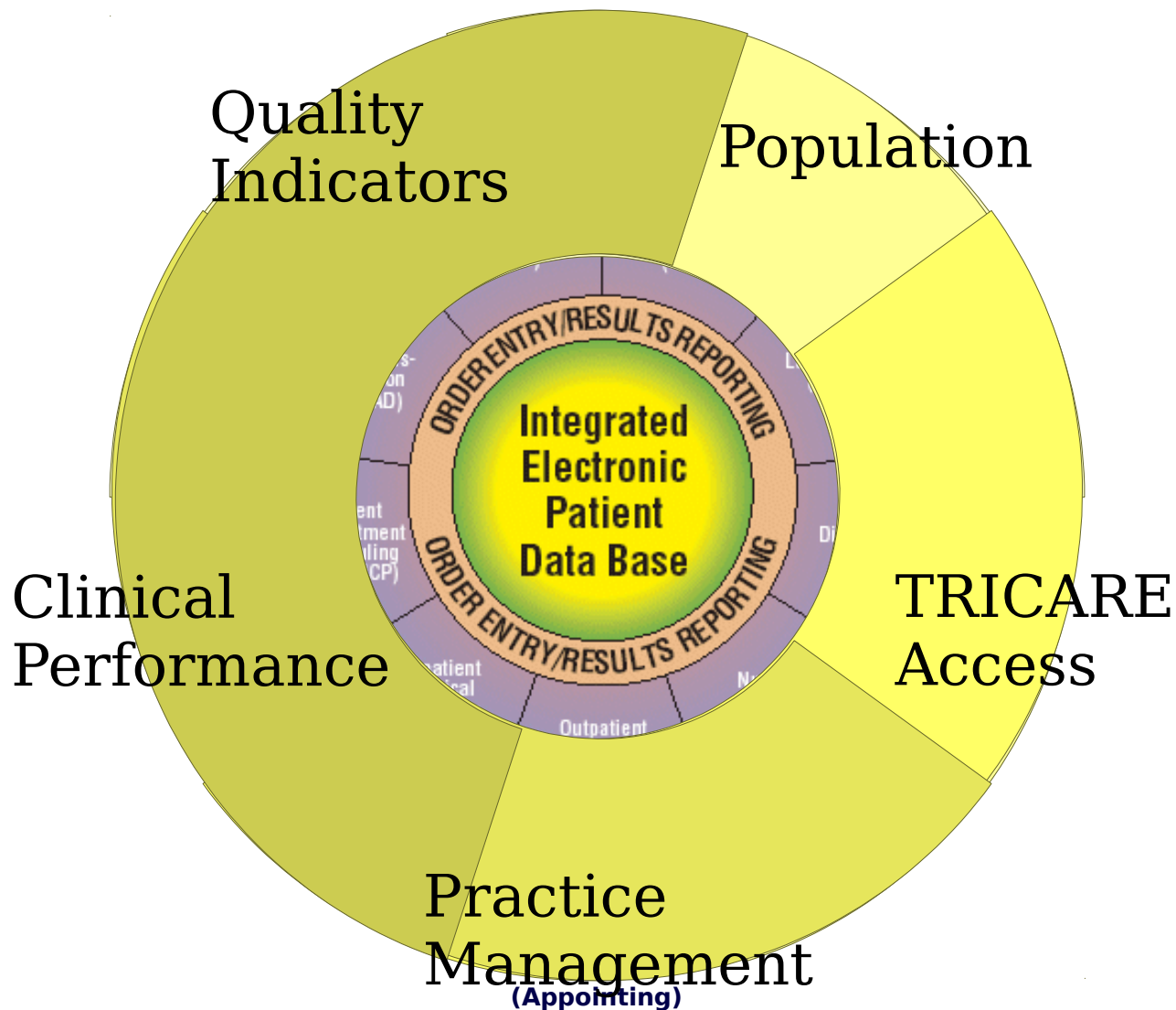
Why the Focus?

- **CHCS continues to be the primary clinical data source for the Military Health System (MHS) to:**
 - **Measure productivity/efficiency**
 - **Forecast demand for services**
 - **Establish performance benchmarks**
 - **Identify trends and utilization**
 - **Assess and improve quality of care**
 - Access to Care
 - Standard of Care
 - Population Health
 - Military Related Illness/Injuries
 - Clinical Practice Guidelines
 - Outcomes
 - Research





Data Capabilities





Since 1992...

- **CHCS has been the primary operational clinical system supporting DoD and US Coast Guard facilities world-wide:**
 - Individual CHCS Host Platforms
- **Interfaces with more than 40 Clinical & Administrative systems:**
 - AHLTA - Department of Defense Electronic Health Record (EHR)
 - Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)
 - Resources - Expense Assignment System (EAS)
 - Billing - Third Party Outpatient Collections System (TPOCS)/Medical Services Accounting
 - Pharmacy - Pharmacy Data Transaction System (PDTS)
- **Standard tables for data consistency:**
 - ICD-9-CM (Inpatient/Outpatient Diagnosis and Inpatient Procedures)
 - CPT/HCPCS (Outpatient Procedures and Services/Supplies)
 - Provider Medical Specialty->HIPAA Provider Taxonomy
 - CHAMPUS Maximum Allowable Charge (CMAC-OIB) Table
 - Federal and DoD standard tables
- **Site defined files and tables for MTF operations**





A Day at Womack AMC...



TRICARE Prime/Plus Enrollees
117,980

Outpatient Clinic Visits
3,360

Babies Born 9

Beds Occupied 94

Surgical Procedures 29

X-rays, CT Scans and MRI's
848

Pathology Procedures 2,630

Prescriptions Filled 7,019

ER Encounters 200

Data Source: CHS (FY10)



It's Not Easy Being Green!

December 2010 (October FY2011 Data Month) Data Quality Statement - TMA Summary

NOTE: Service summaries are calculated as a numerical average of the MTF input for Questions 5,6,7

NOTE: Color Code: Green (95-100), Yellow (80-94), Red (79 and below); except 9e Green (80 and above), Red (79 and below)

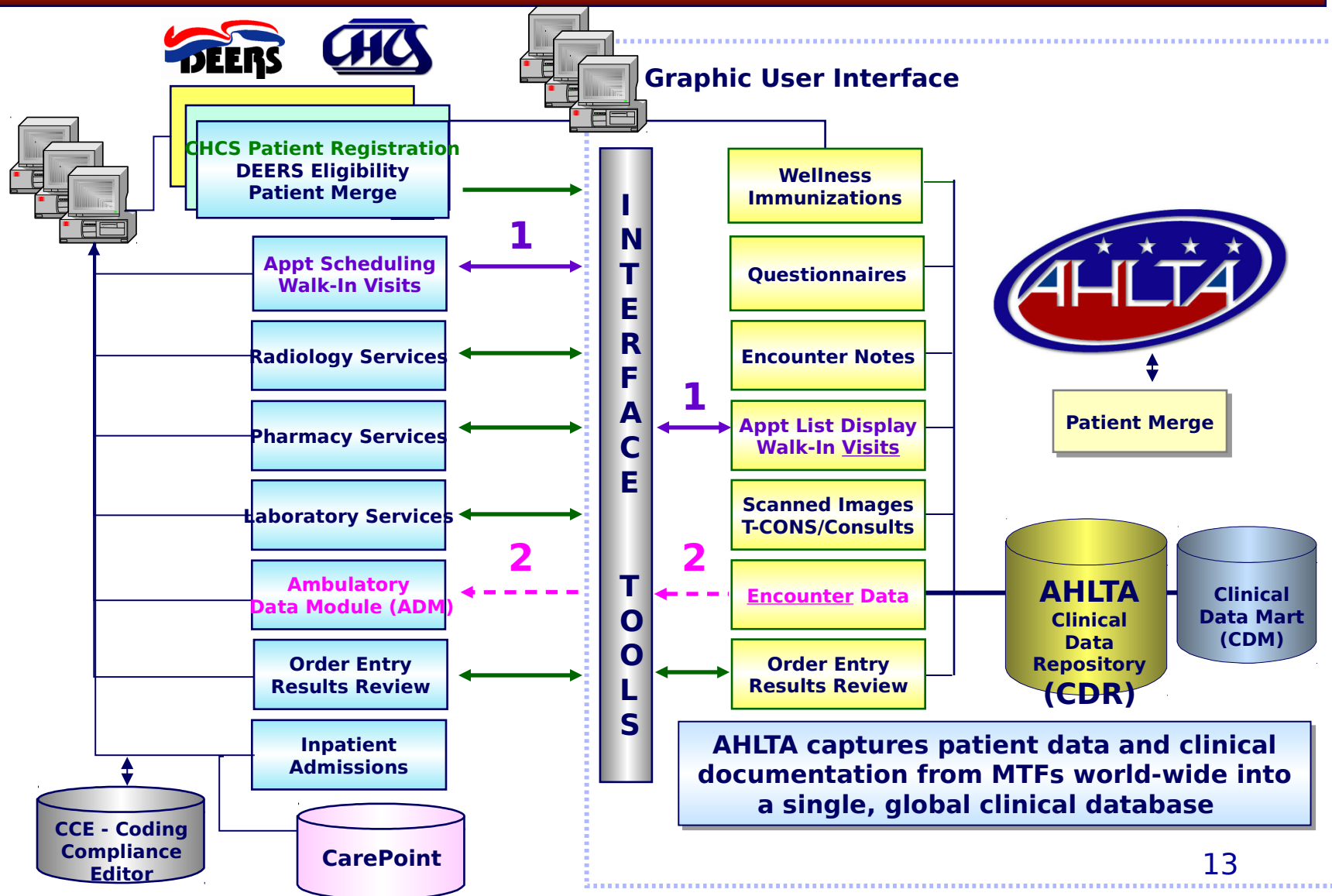
Reporting Month	Month #1 - Percent Compliant			
	Dec-10	Dec-10	Dec-10	Dec-10
Data Month	Oct-10	Oct-10	Oct-10	Oct-10
Service Name	Army	Navy	Air Force	Svc Avg
QUESTION KEY:				
1. In the data month (include only B*** and FBN* accounts):				
a. What percentage of appointments was closed in meeting your "End of Day" processing requirement?	100%	99%	100%	100%
2. IAW legal and medical coding practices have all the following occurred:				
a. What percentage of Outpatient Encounters, other than APYs, has been coded within 3 business days of the encounter?	92%	90%	89%	90%
b. What percentage of APYs has been coded within 15 calendar days of the Encounter? (B.6b)	94%	95%	82%	90%
c. What percentage of Inpatient records has been coded within 30 calendar days after discharge? (B.6c)	87%	39%	66%	64%
3. MEPRS Manual, DoD 6010.13-M, dated April 7, 2008, paragraph C3.3.4, requires report reconciliation. (C.1.a, c, e, f)				
a. Was the monthly MEPRS/EAS financial reconciliation completed, validated, and approved by the MEVACS do?	100%	100%	89%	96%
b. Were the data load status, outlier/variance, VWR-EAS IV, and allocation tabs in the MEVACS do?	100%	100%	99%	100%
c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Submitted?	99%	97%	92%	96%
d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Approved?	99%	96%	91%	95%
4. Compliance with TMA or Service-Level guidance for timely submission of data:				
a. MEPRS/EAS - 45 Calendar Days	94%	70%	53%	72%
b. SIDR/CHCS - 5th Working Day of the Following Month	96%	100%	100%	99%
c. VWR/CHCS - 10th Calendar Day of the Month	100%	100%	94%	98%
d. SADR/ADM - Daily	97%	99%	100%	99%
5. Outcome of monthly inpatient coding audit: (C.5.c, f, g, h)				
a. Percentage of Inpatient Records whose assigned DRG codes were correct (C.5c) [Self-reported]	99%	97%	86%	94%
b. Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct (C.5f)	98%	97%	79%	91%
c. Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct (C.5g)	97%	93%	78%	89%
d. Inpatient Professional Services Rounds encounters CPT codes audited and deemed correct (C.5h) [Self-reported]	99%	97%	79%	92%
6. Outpatient Records (C.6.a, b, c, d)				
a. Is adequate documentation of the encounter selected to be audited available? (Denominator equal to 100%)	99%	100%	97%	99%
b. What is the percentage of E & M codes deemed correct? (E & M codes must comply with DoD guidance)	89%	80%	86%	85%
c. What is the percentage of ICD-9 codes deemed correct? (C.6c) [Self-reported]	96%	91%	90%	92%
d. What is the percentage of CPT codes deemed correct? (CPT Code must comply with current DoD guidance)	92%	89%	87%	89%
7. Ambulatory Procedure Visits (APV) (C.7.a, b, c)				
a. Is adequate documentation of the encounter selected to be audited available? (Denominator equal to 100%)	100%	100%	77%	92%
b. What is the percentage of ICD-9 codes deemed correct? (C.7b) [Self-reported]	98%	97%	80%	91%
c. What is the percentage of CPT codes deemed correct? (CPT Codes must comply with DoD guidance)	98%	98%	79%	92%
8. DD-2569 forms. (C.8.a, b, c, d, e, f)				
a. DD-2569 forms - Inpatient dispositions: What percentage of completed and current (signed within 12 months) DD Form 2569s is verified to be correct?	96%	79%	86%	87%
b. DD-2569 forms - Inpatient dispositions: What percentage of available, current and complete DD Form 2569s is verified to be correct?	100%	91%	100%	97%
c. DD-2569 forms Outpatient encounters: What percentage of completed and current (signed within 12 months) DD Form 2569s is verified to be correct?	81%	78%	89%	83%
d. DD-2569 forms Outpatient encounters: What percentage of available, current and complete DD Form 2569s is verified to be correct?	99%	99%	100%	99%
e. APYs: What percentage of completed and current (signed within the past 12 months) DD Form 2569s is verified to be correct?	96%	82%	89%	89%
f. APYs: What percentage of available, current and complete DD Form 2569s is verified to be correct?	100%	92%	100%	97%



(c) Kevin Palivec '98



Integrated Capabilities





Essential Update Process

Mail		CHCS CPs		Search CHCS CPs
Favorite Folders		From	Subject	Received
Mail Folders				
All Mail Items				
Charlene's Folders				
Archive Search				
Deleted Items (6)				
WAMC TICKETS (1)				
Drafts (13)				
Inbox (1233)				
ALLPADS (208)				
ARMY CODING (32)				
CHCS CPs (83)				
DBO PRODUCTIVITY				
LES (62)				
MHS PHP (8)				
Junk E-mail (2)				
Outbox				
RSS Feeds				
Sent Items (2)				
Search Folders				
Avaya Account				
Mailbox - Colon, Charlene C				
Archive Search				
Deleted Items (3)				
Drafts				
Inbox (125)				
Junk E-mail (1)				
Outbox				
RSS Feeds				
Sent Items				
Search Folders				
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS - Software Package - Change Package 362 (UNCLASSIFI...	Fri 2/18/2011 3:53 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	Release Notes (UNCLASSIFIED)	Mon 1/24/2011 1:16 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Software Package - Change Package 361 - CHCS/Essent...	Wed 1/19/2011 8:19 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Software Package - First Databank Data Update 2011...	Tue 1/18/2011 11:18 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Software Package - OIB NDC Rate Table Update for ...	Tue 1/18/2011 10:29 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Software - CPT-TO-MODIFIER-MAPPING FY11 1.0 (UN...	Tue 1/18/2011 10:21 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Software Packages - DOD LAB Test FY2011 V1.0 (UNC...	Tue 1/18/2011 10:17 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Software Package: UIC Codes Update V1.0 FY2011. (UN...	Tue 1/18/2011 9:28 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	Release Note for Packages loaded in CHCS. (UNCLASSIFIED)	Sat 12/18/2010 1:22 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHC Release Note for BHIE Phase 5.3 (UNCLASSIFIED)	Mon 12/13/2010 9:12 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS - SPECIAL SOFTWARE - FIRST DATABANK DATA UPD...	Fri 11/19/2010 2:04 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS - SPECIAL SOFTWARE - UIC UPDATE FY2010 V 4.0 (U...	Fri 11/19/2010 1:35 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS - SPECIAL SOFTWARE - DMIS ID UPDATE FY2011 V2...	Fri 11/19/2010 1:32 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS - SPECIAL SOFTWARE - CHAMPUS MAXIMUM ALLOW...	Fri 11/19/2010 1:26 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS - CHANGE PACKAGE 359 (UNCLASSIFIED)	Fri 11/19/2010 11:40 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS - Special Software - First Databank Update 2010-10 (U...	Wed 10/20/2010 9:00 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS - Special Software - SNOMED Update V2.0 for FY2010...	Wed 10/20/2010 8:57 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS - Special Software - DOD LAB Update V4.0 FY2010 (U...	Wed 10/20/2010 8:56 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS - Software Package - Change Package 358 (UNCLASSIFI...	Wed 10/20/2010 7:36 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Special Software - DMIS ID UPDATE FY 2011 V 1.0 (UNC...	Fri 10/1/2010 2:47 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Special Software - DMIS ID UPDATE FY 2011 V 1.0 (UNC...	Fri 10/1/2010 10:59 AM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Update - LOINC Update FY10 V3.0 (UNCLASSIFIED)	Tue 9/21/2010 12:56 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Update - Meprs Core FY11 V1.0 (UNCLASSIFIED)	Tue 9/21/2010 12:54 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Update - DMIS ID V12.0 (UNCLASSIFIED)	Tue 9/21/2010 12:12 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Update - First Databank 2010-09 (UNCLASSIFIED)	Tue 9/21/2010 12:08 PM
		Hopkins, Linda M Ms CTR US USA MEDCOM WAMC	CHCS Updates - CP 357 (UNCLASSIFIED)	Tue 9/21/2010 12:04 PM

Periodic Software Updates include:

- Special Software (SS) to update Standard Files such as:

- Defense Medical Information System (DMIS ID), Unit Identification Codes (UIC), ICD-9 and CPT Codes, Pharmacy, Billing Rate Tables, Zip Codes, etc.

- CHCS Change Package (CP) updates:

- Bug "Quick" Fixes and Minor changes
- Must be installed by Systems Staff in sequence to ensure Configuration Management



Building Blocks

MTF Managed Files and Tables:

1. User File

- Who is authorized to access CHCS/AHLTA
- Access levels defined by Security Keys

2. Patient File

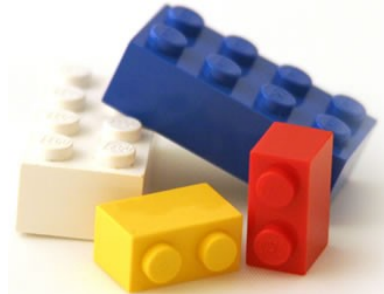
- Unique identification of persons in the CHCS database
- Registration in the CHCS "Host" Database is required for the patient to be processed in AHLTA as a Walk-In/T-CON, Essentris Inpatient processing or for Ancillary Order Entry

3. Provider File

- Unique identification of both Direct Care and External Civilian Providers
- Medical Specialty->HIPAA Taxonomy
- National Provider ID (NPI)
- Clinical Order Entry Access/Approval Authority (CHCS/AHLTA)

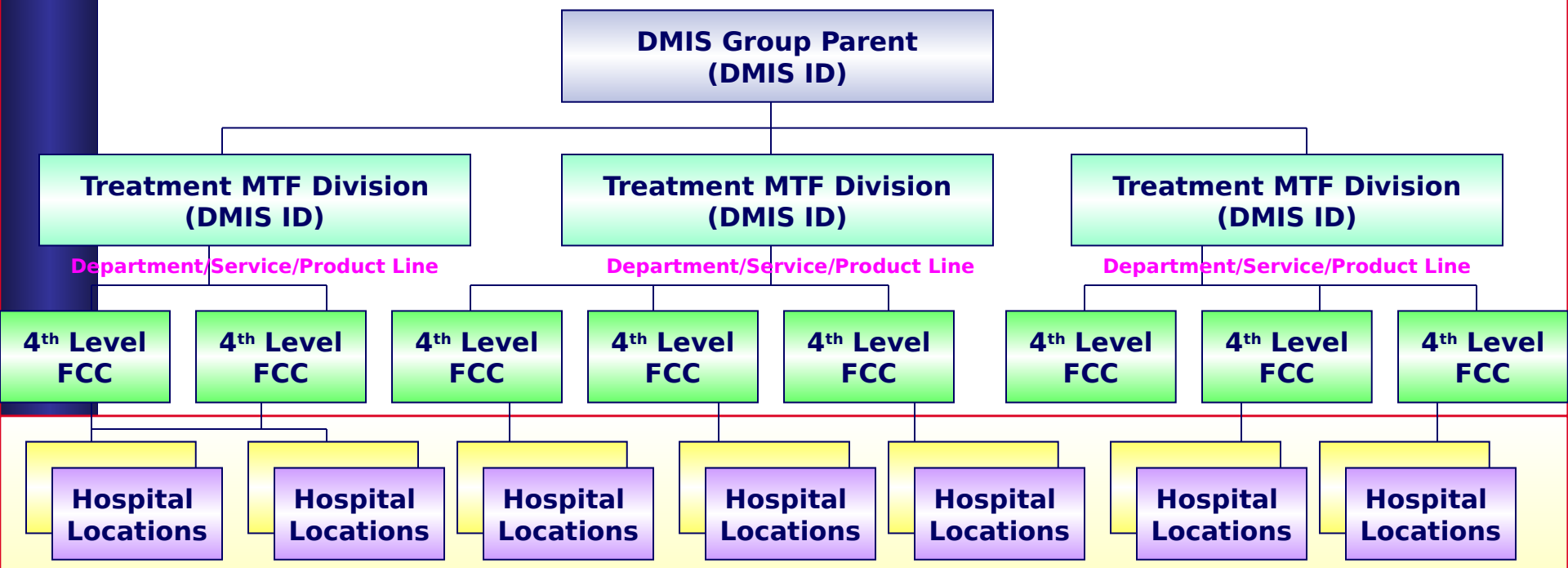
4. Hospital/Clinic Location File

- Identifies types of Services provided and where they are performed:
 - Inpatient Wards, Ambulatory Procedure Units (APUs), Outpatient Clinics, Ancillary Services Locations (LAB, RAD and Rx), Admin Areas/File Rooms, etc.
- Linked to Functional Cost Codes (FCCs) and Defense Medical






Locations - “Linked In”




- **MTF Organizational Elements used for Workload Capture and Reporting by:**
 - Group Parent Defense Medical Information System ID (DMIS ID)
 - Treatment MTF DMIS ID
 - 4th Level MEPRS Code - Functional Cost Code (FCC)
 - Hospital Location
- **Hospital Locations “Places of Care” support MTF activities/services such as:**
 - Managed Care (Primary Care Manager) Teams
 - Wards, Clinics, Ambulatory Procedure Units, Ancillary Services, File Rooms, External Locations, etc.



Data By DMIS

NED Discrepancy Report						
Report Run Date: 21-Feb-11						
						
Parent DMIS	Child DMIS	Facility Name	BOS	HSR	Region	Count
89		WOMACK AMC-FT. BRAGG	Army	17	North	717

NED Discrepancy Report						
Report Run Date: 21-Feb-11						
						
Parent DMIS	Child DMIS	Facility Name	BOS	HSR	Region	Count
	89	WOMACK AMC-FT. BRAGG	Army	17	North	181
	6034	POPE HEALTH CLINIC	Army	17	North	28
	7143	ROBINSON CLINIC-FT. BRAGG	Army	17	North	214
	7286	JOEL CLINIC-FT. BRAGG	Army	17	North	123
	7294	CLARK CLINIC-FT. BRAGG	Army	17	North	159
						705

- **Multiple MTFs aligned to Parent DMIS ID**
- **Different reports use different “Roll-Ups”:**
 - Some enterprise, service and CHCS reports include Child DMIS – Others do not
 - Understand when to also include Child DMIS to display ALL data for the DMIS Group



Hospital Location

- Multiple Hospital Locations may be linked to the same 4th level FCC
- Used by AHLTA to map Assigned Clinic Locations to Users and Appointment List Displays

FY11 DOFM BGA CONSOLIDATED											
As of 22 Feb @ 0700											
Providers											
HCP	(All)										
HCP_SIG	3		1 = RN/TECH								
STATUS OF PATIENT	(All)		< SELECT								
Appointment Distribution					MONTH						
DEPT	FCC	CLINIC_LOC	APPT_STATUS	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Grand Total		
CHC	BGAI	CHC-TEAM ADMIRATION	KEPT	1,331	1,329	1,249	1,178	798	5,885		
		CHC-TEAM BRAVERY	KEPT	774	1,193	899	1,055	862	4,783		
		CHC-TEAM CONFIDENCE	KEPT	1,511	1,481	1,261	1,392	1,021	6,666		
		CHC-TEAM DEVOTION	KEPT	1,123	1,400	1,183	1,190	945	5,841		
		CHC-TEAM ENDURANCE	KEPT	1,203	1,114	922	464	538	4,241		
		CHC-TEAM FREEDOM	KEPT	852	579	647	877	612	3,567		
		FLIGHT MED/CLARK	KEPT	1					1		
		PEDIATRICS-CLARK	KEPT		2				2		
CHC Total				6,795	7,098	6,161	6,156	4,776	30,986		
WFMRC	BGAA	DOFM AMIC CL	KEPT	2,223	2,092	1,661	2,177	1,723	9,876		
		DOPC CONSOLIDATED CL	KEPT	168	173	139	531	259	1,270		
		WFM SPORTS MEDICINE	KEPT	50	58	40	48	27	223		
		WFM-ANTEPARTUM	KEPT		2	7	8	1	18		
		WFM-PHARMACOLOGY	KEPT	47	56	84	69	42	298		
		WFM-TEAM COURAGE	KEPT	413	464	409	497	430	2,213		
		WFM-TEAM DUTY	KEPT	780	772	649	748	523	3,472		
		WFM-TEAM HONOR	KEPT	1,045	847	833	453	380	3,558		
		WFM-TEAM INTEGRITY	KEPT	884	969	847	863	691	4,254		
		WFM-TEAM RESPECT	KEPT	972	871	721	716	540	3,820		
WFMRC Total				6,582	6,304	5,390	6,110	4,616	29,002		
Grand Total				13,377	13,402	11,551	12,266	9,392	59,988		



DQ Building Blocks

MTF Managed Files and Tables:

4. Schedule Entity File

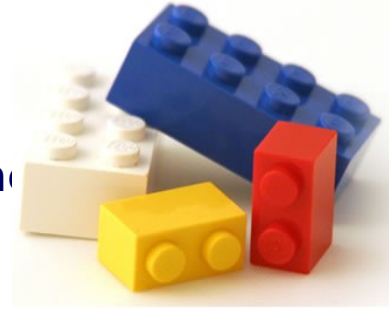
- Holds Schedule Templates for Clinic Appointment
- Data purged from CHCS after 90-120 Days

5. Patient Appointment File

- Contains Clinic, Attending RNDS* and Radiology (RAD*) Appointments
- Sends Scheduled Appointments and Walk-Ins to AHLTA
- Captures key elements needed for Visit Workload Reporting
- Tracks Appointment Status
 - PENDING, KEPT, WALK-IN, S-CALL, TEL-CON, OCC-SVC, LWOBS, CANCEL, NO-SHOW and ADMIN

6. KG ADC Data File (Encounter Data/Coding)

- Captures encounter Diagnosis and Procedure Coding for:
 - Outpatient, APV and Inpatient Attending Provider RNDS*
- Provides clinical encounter data needed for identifying services provided, and measuring performance





Clinic Profile

- **Establishes Workload Type for the Clinic:**
 - COUNT
 - NON-COUNT
- **NON-COUNT Locations cannot have COUNT Visits:**
 - Special Programs
 - Nurse Clinics
- **Identifies Appointment Types for the Clinic:**
 - COUNT (ACUT, WELL, ROUT, EROOM, RNDS*, T-CON*, etc.)
 - NON-COUNT (RNDS*)
 - NON-COUNT (RN T-CON*)
- **AHLTA supports the Workload Flag set by CHCS by:**
 - Clinic Type





Clinic Profile (^CPRO)

CLINIC PROFILE

Hospital Location: WFM-TEAM INTEGRITY

Name: WFM-TEAM INTEGRITY
Abbreviation: INTEGR
Facility: WOMACK ARMY MEDICAL CENTER
Division: WOMACK AMC FT BRAGG NC
Building Name: WOMACK ARMY MEDICAL CENTER
Building Number: 42817
Street Address: REILLY ROAD
ZIP: 28310
City: FORT BRAGG
State: NORTH CAROLINA
Clinic Location: 1ST FLOOR,CLINIC WING
Clinic Availability:
Telephone: 910-907-6451
Enrollee Lockout: NO
Type of Care:
Service: FAMILY PRACTICE SERVICES
Department: FAMILY PRACTICE DEPT
MEPRS Code: BGAA




- **CHCS Patient Appointment/Manage Care Program (PAS/MCP) Menu Option**
- **Normally managed by Clinic Staff**



Clinic Profile (^CPRO)

CLINIC PROFILE

HOSPITAL LOCATION: WFM-TEAM INTEGRITY

Wait List Activated:	YES	Maximum Wait List Days:	200 day(s)
Wait List Provider Mandatory:	YES	Wait List Hold Duration:	200 day(s)
Auto Wait List Processing:	YES	Schedule Hold Duration:	30 day(s)
Prompt for Requesting Service:	NO	Patient Record Pull:	1 day(s)
 Clinic Type:	COUNT	Radiology Record Pull:	0 day(s)
Check Holiday File:	YES	Roster Production:	4 day(s)
Cost Pool Code:		Prepare Reminder Notice:	4 day(s)
Activation Status:	ACTIVATED	Available Schedule:	10 day(s)
Access to Care Reporting:	YES		
Self-Referrals Allowed:	YES		
Clinic Appt Instructions:			



Sample DQ Check

e-MSR Visit Summary Jan-11								Corrected in CHCS	
CHCS Pull of 4 Feb @2000								NON-COUNT in CHCS	
Verify in CHCS ^PPRO									
APPT_STATUS		TEL-CON							
Count of A_IEN					WORKLOAD		EM_CODE		
					COUNT		COUNT Total		
FCC	CLINIC_LOC	TYPE	HCP	HCP_SPEC	99441	99499			
BGAA	DOFM AMIC CL	T-CON*	VALIQUETTE, GUY S	900	1		1		
			LEWIS, YVONNE W	900	1		1		
	WFM-TEAM DUTY	T-CON*	LEWIS, YVONNE W	900	2		2		
	WFM-TEAM HONOR	T-CON*	BRITTON, ROXANNE K	600		3	3		
			ROCK, JUDITH P	613	1		1		
			TURNER, KENDRA A	600		1	1		
			FERGUSON, HEATHER	900		1	1		
	WFM-TEAM RESPECT	T-CON*	SELMAN, MARY K	600		1	1		
			SAUCEDO, PALOMA C	600	47	9	56	NON-COUNT in CHCS	
	BGAA Total					52	15	67	
Grand Total					52	15	67		

NON-COUNT in CHCS

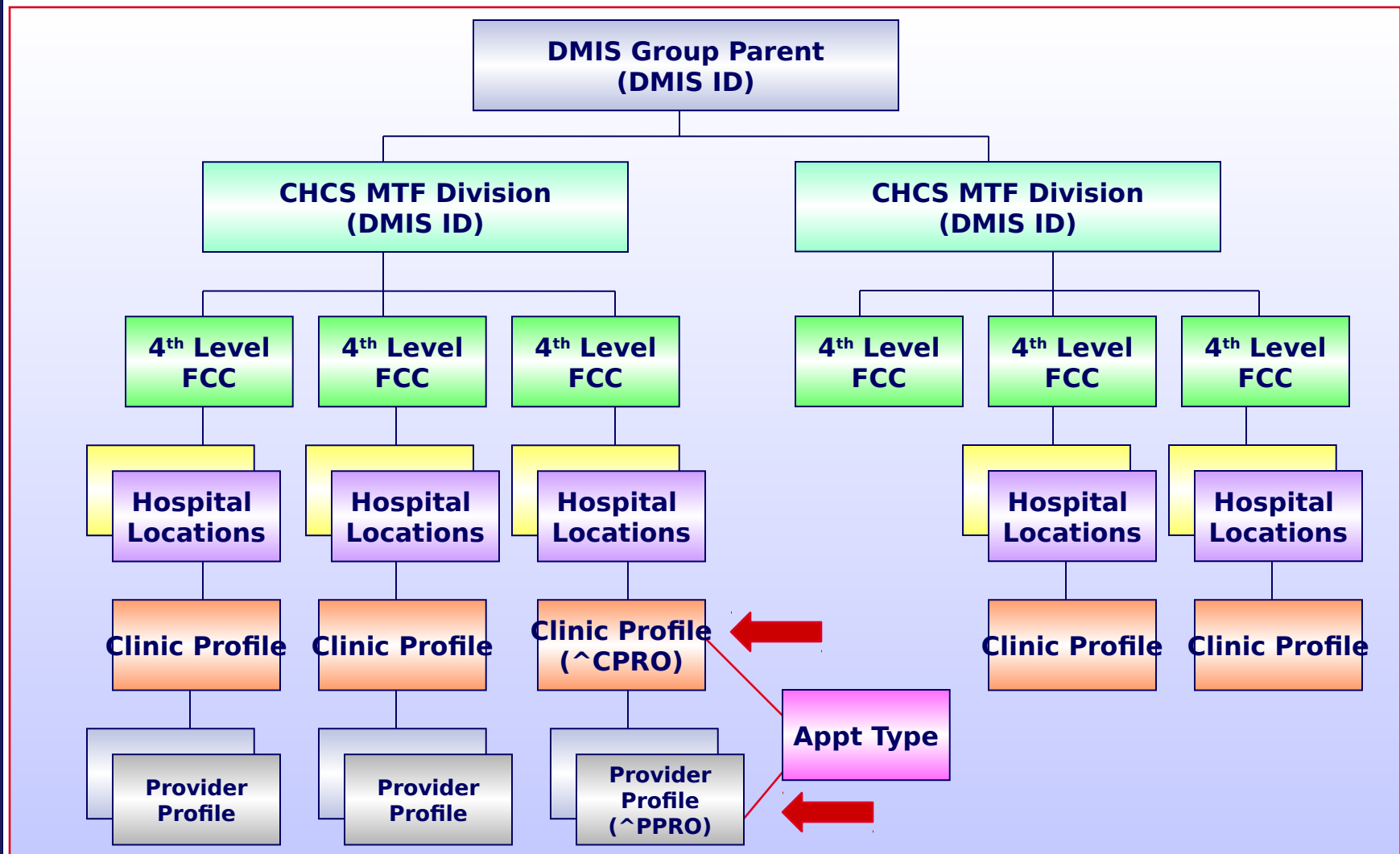
NOTES



- Correct Profiling for RN T-CONS helps reduce COUNT Visit reporting errors for RN T-CONS
- RN T-CONS should be NON-COUNT in the CHCS Provider Profile Option (^PPRO)
- If the RN Profile is correct in CHCS, but still results in COUNT T-CONS, log a Trouble Ticket to re-synch Provider with AHLTA




Linking It All Together



Provider Profile identifies Clinic Locations where the Provider sees Patients and valid Appointment Types 24



Provider File

- **Provider ID (Short Name)**
 - Typically 5 characters of Last Name plus 1-2 Characters of First Name
 - Used by numerous MHS and Service reports
- **National Provider ID (NPI)**
- **Provider Class**
 - Locally defined Provider Type
 - Physician, Resident, Pharmacist, Clinical Nurse, Student, Technician, etc.
- **Provider Signature Class**
 - Establishes Provider Privileges for Ancillary Order Entry
- **Medical Specialty->HIPAA Taxonomy->CMAC Class**
 - CMAC Class used to calculate billing rate for Outpatient Itemized Billing
 - Multiple HIPAA Taxonomies may be assigned
- **Associated Clinic Locations**
 - Supports AHLTA Appointment List Display
-  **Active AHLTA Account (Yes/No)**
 - See Notes for Provider File Business Rules





```

DAA      Data Administration Menu
CFT      Common Files and Tables Management Menu
CFM      Common Files and Tables Maintenance Menu
->> PRO  Provider File Enter/Edit

```

```

Name:      QQQTEST, PROVIDER
Provider Flag: PROVIDER
Provider ID: QQQTESTP
Provider Class: PHYSICIAN
SSN:      000-99-9999

```

When Provider Medical Specialty is changed, the HIPAA Taxonomy must be manually updated in



Provider File “Team”

- **IMD/Data Admin:**
 - Creates CHCS User Account
 - Assigns CHCS Security Keys (per Staff Role)
- **Credentials:**
 - Creates Provider File Entry in CHCS
 - Enters Medical Specialty/HIPAA Taxonomy
 - Enters Class/Signature Class
- **Clinical/Operations/MCP Network Manager:**
 - Sets PCM Flag
 - Manages PCM Capacity
- **Clinic Managers/Appt Supervisors:**
 - Clinic Profile Entry/Updates (^CPRO)
 - Provider Profile Entry/Updates (^PPRO)
- **IMD (System Admin, Security and Training):**
 - Security Clearance
 - Network Access
 - CHCS/AHLTA Account Transfer
 - Training
- **Business Systems (Personnel/MEPRS/DMHRSi):**
 - Provider Type->Skill Type-> Occupation Code
 - Name Match with CHCS (Based on DEERS/CCQAS Provider Name)
 - Pay Grade
 - Location Assigned
- **Locally Developed Form(s) designed and utilized to streamline and standardize processes**





System Access Process

To be completed by person on signature card. Authorizing personnel must <u>initial</u> each account							
NETWORK ACCESS INFORMATION							
<input type="checkbox"/>	PC Login	<input type="checkbox"/>	VPN ACCESS (submit form W380-1d)	<input type="checkbox"/>	DEERS Worldwide		
<input type="checkbox"/>	Outlook	<input type="checkbox"/>	Other (specify) <input type="text"/>	<input type="checkbox"/>	ESSENTRIS		
<input type="checkbox"/>	CHCS (annotate access level below)						
<input type="checkbox"/>	Mailman Menu	<input type="checkbox"/>	Coding Menu	<input type="checkbox"/>	Laboratory Menu *	<input type="checkbox"/>	Emergency Room Menu
<input type="checkbox"/>	Medical Record Tracking Menu	<input type="checkbox"/>	Physician Menu	<input type="checkbox"/>	Social Work Menu	<input type="checkbox"/>	Clerk Front Desk
<input type="checkbox"/>	Mini registration	<input type="checkbox"/>	Results Retrieval	<input type="checkbox"/>	Pharmacy Menu *	<input type="checkbox"/>	OTHER (please specify)
<input type="checkbox"/>	Appointment Booking	<input type="checkbox"/>	Radiology Menu*	<input type="checkbox"/>	PAD Menu	<input type="checkbox"/>	
<input type="checkbox"/>	Nursing Menu (includes Order Entry)		<i>* Strictly for ancillary service employees</i>				
b. Has the employee been trained on CHCS? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit training request via WAMC, If YES, location of training							
<input type="text"/>					Date of training: <input type="text"/>		
* Note: Supervisor must submit a CHCS profile data sheet to Clinical Operations Division for employees required to have nurse signature class order entry access.							

WAMC FORM 25-1U, MAY 2010 PREVIOUS EDITIONS ARE OBSOLETE WAMC v2.04

- **WAMC Form 25-1U outlines process steps for Security, System Access, User Accounts and CHCS Security Keys, specified by Clinic Administrator/Supervisor**



Time to Break...






Best Kept Secret! - OLUM

- **CHCS On-Line Users Manual (OLUM)**
- **Electronic documentation and index of CHCS Functions and Reports**
- **Accessible by ALL CHCS Users:**
 - Type OLUM (from any Menu display in CHCS)
 - Select IND to access the OLUM Index
 - Select CHCS Sub-System (Arrow Down to view additional topics)
 - Browse or Find topic of interest such as “Monthly” or “Hospital Location”
- **Does not include recent CHCS updates**



Topics by Sub-System

OLUM INDEX

	BAS	Basic CHCS Information
	CLN	Clinical
	DTS	Dietetics
	FQA	Facility Quality Assurance
	LAB	Laboratory
	MCP	Managed Care Program
	MM	MailMan User Guide
	MSA	Medical Services Accounting
	PAD	Patient Administration
	PAS	Patient Appointment and Scheduling
	PHR	Pharmacy
	RAD	Radiology
	RIT	Record/Image Tracking
+	WAM	Workload Assignment Module

The CLN volume includes information on:

- Enter/maintain orders, document patient care functions
- Review clinical results/orders, flowsheets and graphs
- Telephone consult, clinical desktop, and more.


Press <F10> to return to the OLUM Menu.

- **Select CHCS Sub-System**
- **Select “Browse” from Action Bar Menu to view documentation and report samples**



Sub-System Topics Index

PAD ONLINE USERS MANUAL INDEX


	1	(204) Clinical Records with Forced (Override) Flag	2.9.13.6.7
	2	(460) No of Dispositions and Days Data by DRG	2.9.13.6.1
+	35	ADT Processing Output Menu	2.4.11
	36	Cancel ADT Transactions	2.4.7
	37	Change Clinical Service	2.4.10
	38	Corrections and ADT View	2.4.8
	39	Disposition option (General Information)	2.4.2
	40	Information Desk Display	2.4.5
	41	Interward Transfer	2.4.3
	42	Projected Disposition	2.4.9
	43	Review Pending ADT Actions	2.4.4
	44	RON Admission	2.4.6
	45	ADT Processing Output Menu	2.4.11
	46	Adm & Disp Recap by PATCAT	2.4.11.1
	47	Admission and Disposition Report	2.4.11.2
	48	Admission by Diagnosis Report	2.4.11.3
	49	Admission Cover Worksheet	2.4.11.4
	50	Admission Notification to Unit	2.4.11.5
	51	Admission Verification Worksheet	2.4.11.19
+	52	Alpha Roster	2.4.11.6

Access text and browse through information.

<Select> = Select item <Return> = Redisplay action bar ? = Help



Patient Registration

- **Patient MUST be entered into the CHCS “Host” database to be able to be used in AHLTA**
- **CHCS checks to help prevent creation of duplicate patients**
 - Double entry to confirm Sponsor SSN
- **Requires Fileman “&” (Ampersand) key to enter new patients**
- **Performs DEERS query to obtain Enterprise Person ID, Eligibility Status and “Lock Down” key person identifiers**
 - Enterprise Person ID is key to correlating patient data in AHLTA
- **Allows Pseudo-Individual SSNs (800-YY-MDDD)**
 - Assign responsibility for updating Pseudo SSNs
- **Allows users with Full or Mini-Registration access to update:**
 - Address and Contact Information
 -  - Outpatient Medical Records Location
 - Patient Category – to identify beneficiary relationship to the MHS
 - Station/Unit ID – MTFs can create locality specific Unit ID Table



Mini-Registration

Patient: PATIENT,TEST C Mini Registration
FMP/SSN: 20/999-99-9905 DOB: 23FebNN PATCAT: N22 Sex: F

★ Patient: PATIENT,TEST C DOB: 23 Feb NNNN ★
PATCAT: N22 (USN RES INACT DUTY TRG) FMP: 20
Home Phone: 910NNNNNNN W: 9109079989 SSN: 999-99-9905 ★
Patient Addr: NNNN WISTERIA LANE Sex: FEMALE ★
City: FAYETTEVILLE St/Cntry: NC Zip: 28314-9212

Sponsor: PATIENT,TEST C Service: NAVY
FMP: 20 Sex: FEMALE Sponsor SSN: 999-99-9905
PATCAT: N22 (USN RES INACT DUTY TRG) DOB: 23 Feb NNNN
Command Sec: Rank: LIEUTENANT COMMANDER ★
Local UIC:
Duty Address:
City: St/Cntry: Zip:
Duty Phone: 9105559989 DSN:

Reg Comment: HIPAA METHOD OF CONTACT - HOME PHONE

- Key person identifier elements “synched” with DEERS are “Locked Down” ★
- MTF Staff are responsible for Patient Category updates for Billing and Workload Reporting
- Updates to Demographics and Contact Information must be made in CHCS. Specific CHCS fields will then update AHLTA
- Consider using Home Phone as Preferred Method of Contact
- Full Patient Registration is required for Admissions processing



DEERS Address Updates

- **Do not use % * ~ ? [] { } in the address field**
- **Enter complete Phone Number including Area Code**
- **Rules for CHCS/DEERS Address Updates:**
 - CHCS requests eligibility data from DEERS, for NEW Registrations
 - Address information from DEERS is downloaded into CHCS
 - A date/time stamp is associated with the address update
 - If the patient is found in DEERS, the DEERS Patient ID is downloaded to the CHCS patient file
 - When the address is updated on CHCS, DEERS is updated, ONLY IF there is a DEERS Patient ID in CHCS - without this ID DEERS can't make a match and update CHCS

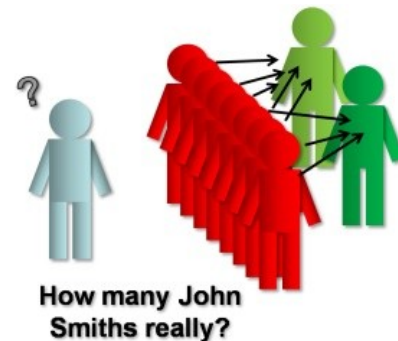
After the initial registration, CHCS does not automatically update address data from DEERS unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data.

User must also have the CHCS DG Reg Sync Security Key to synchronize/download DEERS data elements into CHCS.



Duplicate Patients

- **Duplicate Patient Prevention and Merge processing in CHCS is critical to ensure a single electronic medical record in AHLTA**
- **Frequent causes for duplicate patients in (**
 - Newborns (Twin births)
 - Typographical and/or Transcription Errors
 - Name & Sponsor Changes
 - Pseudo-SSNs (John Doe Registrations)
 - Mail-In Labs (Creates Pseudo Patient Name)
 - Lack of Dual Eligibility Patient Indicator in DEERS/CHCS
- **CHCS Potential Duplicate Patient Search identifies potential duplicates for DQMCRL Review List Item C.2. Item a)**
- **CHCS User Registration Report identifies users requiring additional training to support DQMC Review List C.2. Item b)**
- **Dedicated MTF POC needed to investigate duplicates and perform patient merges on CHCS**
- **MHS Trouble Ticket required to resolve duplicate patients in AHLTA**





DQMCRL Reporting

- **Run CHCS standard report - "Potential Duplicate Patient Search"**
- **Only MTFs on host CHCS platforms should report**
- **MTFs on shared CHCS host platforms should report the count for the platform and note that the platform is shared and which MTFs share the platform (list by DMIS ID and DMIS Facility Name)**



- **Duplicate Patient Reporting Menu, Security Keys and Report Samples (See Back-up Materials)**



Risk and Prevention

- **Potential Risk to Patient Safety!**

- CHCS cannot perform Drug-Allergy checks across duplicate records
- Pharmacy Data Transaction System (PDTs) may miss critical Drug-Drug checks
- Important clinical history may not readily visible in CHCS, DoD/VA SHARE and AHLTA
- Implications for Orders entered in AHLTA – Appears to the Provider as “Orders NOT Writing Back to CHCS”

- **Train Patient Look-Up Processes:**

- CAC Card Look-Up (Bar Code Scanner)
- Verify against Military ID Card/CAC Card
- First Initial of Last Name + Last 4 Sponsor SSN -> C
- Partial Name -> COLON,C
- Last Name+Last 4
- Full Patient (Individual) SSN -> 123-44-1234
- Hyphenated Last Names (No Hyphen)





Enrollment Processing

- **Interface between CHCS/DEERS supports TRICARE Managed Care Enrollments for TRICARE Prime MTF Enrollees**
- **When key data elements or Sponsor data does not match between CHCS/DEERS, an error or discrepancy will be reported**
- **Enrollment data errors potentially impact successful updates:**
 - New Enrollments
 - Enrollment and PCM Transfers
 - Family Member Enrollments
- **MTFs are not credited with the enrollment if there is an enrollment error and the enrollment is not valid in DEERS**
- **Enrollment error Network Consult impacting Patient Care**



delays in TRICARE g processed -



Call in the "PIT Crew"!!!

NED Discrepancy Report

Report Run Date: 22-Feb-11

Parent DMIS	Child DMIS	Facility Name	BOS	HSR	Region	Count
103		NHC CHARLESTON	Navy	18	South	3,574
635		39th MED GROUP-INCIRLIK	Air Force	13	Overseas	2,633
124		NMC PORTSMOUTH	Navy	17	North	1,997
79		99th MED GRP-O'CALLAGHAN HOSP	Air Force	19	West	891
91		NH CAMP LEJEUNE	Navy	17	North	823
89		WOMACK AMC-FT. BRAGG	Army	17	North	724
69		KIMBROUGH AMB CAR CEN-FT MEADE	Army	17	North	721
109		BROOKE AMC-FT. SAM HOUSTON	Army	18	South	671
306		NHC ANNAPOLIS	Navy	17	North	570
95		88th MED GRP-WRIGHT-PATTERSON	Air Force	17	North	567
39		NH JACKSONVILLE	Navy	18	South	516
56		NHC GREAT LAKES	Navy	17	North	475
62		2nd MED GRP-BARKSDALE	Air Force	18	South	423
612		BRIAN ALLGOOD ACH-SEOUL	Army	14	Overseas	388
366		359th MED GRP-RANDOLPH	Air Force	18	South	383
37		WALTER REED AMC-WASHINGTON DC	Army	17	North	370
60		BLANCHFIELD ACH-FT. CAMPBELL	Army	17	North	364
120		1st MED GRP-LANGLEY	Air Force	17	North	362
639		35th MED GRP-MISAWA	Air Force	14	Overseas	361
29		NMC SAN DIEGO	Navy	19	West	350
28		NH LEMOORE	Navy	19	West	341
47		EISENHOWER AMC-FT. GORDON	Army	18	South	341

Source:

TRICARE Operations Center http://mytoc.tma.osd.mil/Front_pageA.html

NED Discrepancy - Patient Information Transfer (PIT) Summary

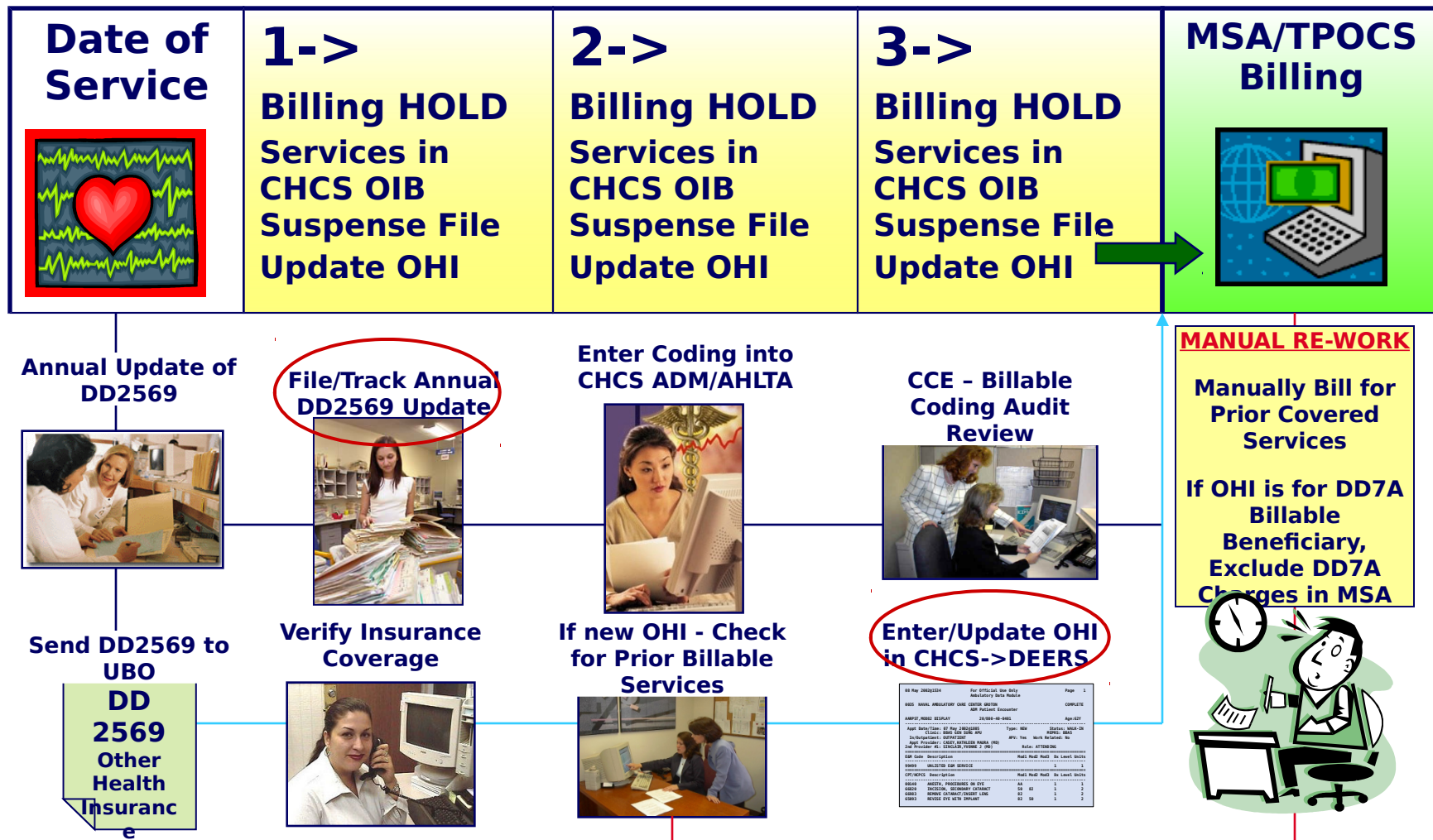


Other Health Insurance

- **DEERS interfaces with CHCS to enter and update Other Health Insurance (OHI):**
 - CHCS can query DEERS for OHI entered by other MTFs
 - Used to bill for both Inpatient and Outpatient services
 - Primary, Secondary and Tertiary benefit coverage
 - New and Updated Demographics and OHI sent to TPOCS daily
 - OHI cannot be entered for Active Duty and Civilian Patient Categories
- **Every Clinic - Every Day!**
 - **Transfer the DD2569s to the UBO! (Snail Mail, Fax or Scan)**
 - Entry/Validation of OHI in CHCS within 3 calendar days necessary to prevent manual back billing or erroneous



Synchronizing Processes



Encounters Completed AFTER 3 Business Days Will Still Be Sent to Billing - If OHI is on File



Visit Criteria ???

- **MEPRS Workload Reporting guidelines establish the definition for:**
 - » "COUNT" Visits
 - » "NON-COUNT" Visits
- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
 - » 1. Interaction between patient and healthcare provider
 - » 2. Independent judgment/assessment of patients condition, to accomplish one or more of the following:
 - Examination
 - Diagnosis
 - Counseling
 - Treatment
 - » 3. **Documentation**

Focus Shifting from Counting "Visits" to Measuring Work/Services Provided



Workload Assignment

- **Outpatient Visit Workload includes:**
 - **DMIS ID Group Parent**
 - **Treating MTF DMIS ID**
 - **4th Level MEPRS Code (FCC):**
 - » Inpatient – “A” Level FCCs (Admissions/Dispositions and Occupied Bed Days)
 - » Outpatient – “B” Level FCCs and FBN* (Dental – “C” Level FCCs)
 - » Ancillary – “D” Level FCCs
 - » Special Programs – “F” Level FCCs (FBN* Hearing Conservation)
 - **Clinic Type (Only COUNT Visits are reported as Workload):**
 - » World-Wide Workload Report (WWR)
 - » WAM/EAS (Cost Accounting)
 - **Patient Category (Rolls up to Beneficiary Category)**
 - **Patient Status (Inpatient/Outpatient)**
 - **Appt Status (KEPT, S-CALL, WALK-IN or T-CON*)**



MSR Outpatient Visits

WOMACK ARMY MEDICAL CENTER 05 May 2010@1554 Page 773
MONTHLY STATISTICAL REPORT by GROUP
From: Apr 2010 To: Apr 2010

MEPRS/DMIS		COUNT WORKLOAD			NON-COUNT WORKLOAD		
Code	Description	# In	# Out	Total	# In	# Out	Total
DIVISION SUMMARY							
BAAN/7286	INTERNAL MED - JOEL	0	228	228	0	35	35
BGAN/7286	JOEL HEALTH CLINIC	4	5339	5343	0	1755	1755
BHCN/7286	OPTOMETRY - JOEL	0	420	420	0	21	21
BHDN/7286	AUDIOLOGY - JOEL	0	31	31	0	11	11
BJAN/7286	FLIGHT MED - JOEL	0	19	19	0	36	36
FBNN/7286	JOEL - HEARING CONSERV	0	660	660	0	0	0
Division Total:		4	6697	6701	0	1858	1858

WOMACK ARMY MEDICAL CENTER 05 May 2010@1554 Page 773
MONTHLY STATISTICAL REPORT by GROUP
From: Apr 2010 To: Apr 2010

MEPRS/DMIS Code	Description	COUNT WORKLOAD			NON-COUNT WORKLOAD		
		# In	# Out	Total	# In	# Out	Total
AAAA/0089	INTERNAL MEDICINE	0	0	0	2	0	2
ABAA/0089	GENERAL SURGERY	0	0	0	3	1	4
AEAA/0089	ORTHOPEDICS	0	0	0	1	0	1

- Excellent tool for Visit Workload and Provider Time Reporting Reconciliation
- MSR includes both COUNT and NON-COUNT Visits
- Look for possible mis-assigned NON-COUNT mis-assigned Visits



e-MSR Monthly Detail

e-MSR Visit Summary Jan-11														
CHCS Pull of 4 Feb @2000														
APPT STATUS	(Multiple Items) <input checked="" type="checkbox"/>													
Count of A_IEN										EM_CODE				
FCC	CLINIC_LOC	HCP_SPEC	WORKLOAD	TYPE	99212	99281	99282	99283	99284 99288	99291	99385	99386	99395	99396 Grand Total
BHBA	PHYS EXAM	300	NON-COUNT	WELL									4	1
		901	NON-COUNT	WELL							35	1	9	1
BHBA Total											35	1	13	2
BIAA	EMERGENCY ROOM	4	NON-COUNT	PCM			1		1					2
				EROOM		29	261	714	437	6	6			1,453
		901	NON-COUNT	PCM			1	3						4
				EROOM		3	11	12	3					29
	FASTTRACK	4	NON-COUNT	EROOM		3	51	43	6	9				112
		604	NON-COUNT	EROOM		1	2							3
		901	NON-COUNT	EROOM	1	92	882	673	39	4				1,691
BIAA Total					1	128	1209	1445	486	19	6			3,294
Grand Total					1	128	1209	1445	486	19	6	35	1	3,345

- CHCS Ad-Hoc from the Patient Appointment File helps resolve the differences in Visits
- CHCS Ad-Hoc consistently maps to Monthly Statistics Report
- PHYS EXAM Provider NON-COUNTS associated with Amended notes in AHLTA
- EROOM NON-COUNTS associated with Staff Scanning into AHLTA Add-Note the day following the Date of Service
- AHLTA Updating Visits to NON-COUNT: WAMC Trouble Ticket # MHSINC000137197
- Fix reported to be in Testing for AHLTA SP1



WAM Outpatient Visits

UIC: W2L6AA JOEL AHC - FT. BRAGG
DMIS ID: 7286

06 May 2010 0642
Page: 21

DATA SET WORKLOAD REPORT Month: Apr Year: 2010

(Last Data Gen 05/05/10@2005)

DATA SET	Perform FCC/DMIS	Request FCC	DMIS ID	CPT CODE Lab & Rad	*CAT 1	*CAT 2	*CAT 3	*CAT 4	*CAT 5	*CAT 9	Raw Amt Sys-Gen	Wgt Amt Sys-Gen	Raw Amt Edit	Wgt Amt Edit
OUT	OUTPATIENT VISITS													
	BAAN/7286				8	10	73	137	0	0	228	0.00	0	0.00
	BGAN/7286				1993	1656	656	985	17	0	5307	0.00	0	0.00
	BHCN/7286				362	48	5	5	0	0	420	0.00	0	0.00
	BHDN/7286				0	23	1	7	0	0	31	0.00	0	0.00
	BJAN/7286				17	0	1	0	1	0	19	0.00	0	0.00
	FBNN/7286				637	11	0	3	0	0	660	0.00	0	0.00
	Totals:				3017	1748		1137	18	0	6665	0.00	0	0.00

*CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED.

Workload Reconciliation In-Progress



- Includes only COUNT Visits
- Patient Category is used to Roll Up to Beneficiary Category
- Visit data sent to EAS using the CHCS Workload Assignment Module (WAM) Interface
- Synchronize when Workload Reports are run



Worldwide Workload

JOEL AHC - FT. BRAGG
62

DMIS ID: 7286 (Roll-up Report)

WORLDWIDE WORKLOAD REPORT - SECTION I.A.2

06 May 2010 0643 Page

Reporting Period: Apr 2010

Calculated: 05 May 2010 2023

TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS

Item 00 = Basic
Item 01 = Live Birth

TYPE OF REPORT (CHECK BOX): ☐Initial ☒Monthly ☐Final ☐Corrected

Item	MEPRS/DMIS	Clinic Service	Admissions	Bed	Sick	Inpatient	Outpatient	
	AMBULATORY**			Days	Days	Visits	Visits	Proc

BGAN/7286	JOEL HEALTH CLINIC	-	-	-	[4]	[5307]	-
A11	USA ACTIVE DUTY	-	-	-	-	1976	-
A12	USA AD RES	-	-	-	-	12	-
A13	USA AD RECRUIT	-	-	-	-	1	-
A15	USA NATIONAL GUARD	-	-	-	-	4	-
A22	USA RES INACT DUTY TRG	-	-	-	-	1	-
A31	USA RET LOS	-	-	-	-	540	-
A32	USA RET PDRL	-	-	-	-	15	-
A41	USA FAM MBR AD	-	-	-	3	1646	-
A43	USA FAM MBR RET	-	-	-	1	788	-
A45	USA FAM MBR DECEASED AD	-	-	-	-	5	-
A47	USA FAM MBR DECEASED RETIRED	-	-	-	-	70	-
A48	USA UNREMARIED FRM SPOUSE	-	-	-	-	14	-
C31	USCG RET LOS	-	-	-	-	1	-
C43	USCG FAM MBR RET	-	-	-	-	1	-
F31	USAF RET LOS	-	-	-	-	82	-
F32	USAF RET PDRL	-	-	-	-	1	-
F41	USAF FAM MBR AD	-	-	-	-	6	-

*Fourth Level MEPRS Codes are not standardized above the MTF level. Comparisons of fourth level data between MTFs are not valid.

**Ambulatory Procedure Visits are INCLUDED in the Outpatient Visits Columns by B Level MEPRS Code, as of CHCS Version 4.5.

Ambulatory Procedure

- Includes ONLY COUNT Visits
- Note the different Run Dates/Times
- OCC-SVC T-CONS Most often reason for Visit differences



Workload Comparisons

- The **COUNT/NON-COUNT Visit Workload Flag** impacts the comparison of Outpatient workload data in the following sections:
 - **DQMCRL Section C9.**
 - # of SADR encounters (count only)* / # of WWR visits
 - # of EAS visits / # of WWR visits
 - CHCS Security Key **SD WK LOAD** allows trained users to change the Workload Flag (COUNT/NON-COUNT in EOD)
 - A daily file from CHCS Patient Appointment File (based on End of Day Visit processing) is sent to M2 to forecast the number of SADR Encounters - "I" Inferred SADRs
 - Daily Appointment file sent to M2 also includes COUNT and the NON-COUNT Workload Flag



Inpatient Visits

WALK-IN SEARCH CRITERIA

Patient: HEALTHE,YOU

Clinic: QQQCHCSIITESTBRAGG CLINIC/WAMC

Clinic Phone:

Provider: QQQCHCSIITEST,BRAGGDOCA

Detail Codes:

Time Range: 0950 to 0950

Dates: 14 Feb 2010 to 14 Feb 2010

FMP/SSN: 30/800-11-2255

ATC Category:

Appt Type: ACUTE APPT

Duration:

Srv Type:

Days of Week:

This is an inpatient.

Are you from the attending service? No//

- **Both CHCS and AHLTA will prompt:**
 - (CHCS) Are you from the attending service? No//
 - (AHLTA) Related to Inpatient Stay?:
- **Allied Health Providers-> Accept CHCS default**
- **Consulting Providers-> Accept CHCS default of**
 - The Visit will be a COUNT
 - Visit will have an "B" Level FCC
- **Only the Attending Clinical Staff of the Same Clinical Service should answer "YES"**





Inpatient Admissions

- **CHCS is the source system for Inpatient Admissions, Transfers and Dispositions:**
 - Assigns Occupied Bed Days (OBDs) at the Census Hour, to the current Clinical Service
 - Day of Admission is always equal to an OBD, even if the Admission is less than 24 Hours, unless the patient is a Transfer In and Out the same day
 - Day of Discharge is not counted as an OBD
 - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
 - Current Attending Provider and Clinical Service used to create Inpatient Professional Services Record (IPSR RNDS*) in CHCS Ambulatory Data Module (ADM)
- **Correction Management allows corrections to:**
 - Inpatient Clinical Service, OBDs and Admission-Disposition Date/Time
 - Inpatient Patient Category used for Workload and Billing
 - Recalculates OBDs for Inpatient workload reporting and MSA Inpatient billed charges
 - Does not support corrections to Ancillary Requesting Locations
- **Inpatient Coding:**



Attending RNDS*

- **Each Admission/Discharge and Transfer transaction will trigger CHCS to create a RNDS* Encounter in CHCS-ADM**
- **The RNDS* Encounter captures the Inpatient Professional Services of the Attending Provider**
- **RNDS* Encounters are completed in ADM**
 - ICD-9 Diagnosis
 - CPT Procedures (Including Evaluation & Mgmt)
- **RNDS* Encounters not completed within 30 days are automatically Cancelled by CHCS**
- **RNDS* Encounters will display in AHLTA. Monitor that Providers DO NOT CANCEL RNDS* in AHLTA**
- **Recommend that the 99499 “Placeholder” be entered for RNDS***
 - RNDS* are NON-COUNT and do not require an E&M Code



Corrections Management

Patient: BXXXX,XXXXX
FMP/SSN: 20/XXX-XX-XX22 DOB: XXFebXX PATCAT: A31 Sex: M VIEW ADT

=====

TYPE	DATE	TIME	RMEPRS	MEPRS	WARD	RM-BD	DAYS
ADM	14Aug07	2030	AAAA	AAHA	ICU2W	3	Reg# 1306883 (T) ERA
WRD	17Aug07	1316		AAAA	4SMED	3	Interward transfer
DSP	20Aug07	1340					Disp type: HOME
							Bed days=6
							Sick days=6

- **Corrections Management ONLY supports Inpatient data:**
 - Patient correctly admitted to AAAA with the system transfer to an ICU (AAHA) Location and Dispositioned from the AAAA FCC
 - AAAA is the Referring MEPRS (R-MEPRS) for OBDS
 - SIDR and WWR will contain OBDs for "A" Level ICU FCCs, however WAM/EAS will include these OBDs within the R-MEPRS
 - Inpatient Professional Services Records (IPSR) created by CHCS Ambulatory Data Module (ADM) will use the current Clinical Service or R-MEPRS for the RNDS* Encounter
 - DG CORMAN Security Key provides ability to change Admissions data, including Patient Category and Bed Days to recalculate MSA Billed Charges



Inpatient Data

- **Inpatient data is reported in Standard Inpatient Data Record (SIDR)**
- **The SIDR is an ASCII Batch extract file of patient level Inpatient data, generated monthly by CHCS:**
 - Army MTFs also create in interim monthly SIDR – “D” Records Only
 - “D” Records contain a Final Assigned DRG
- **Key SIDR data elements include:**
 - Treatment MTF DMIS ID
 - Admission/Disposition Dates
 - Source of Admission/Type of Disposition
 - ICD-9-CM Diagnosis & Procedure Codes
 - Diagnosis Related Group (DRG) and Weight
 - Patient Demographics (including Patient Category and Enrollment)
 - Age at Admission
 - Occupied Bed Days per Clinical Specialty (4th Level FCC)
 - Intensive Care Unit (ICU) Days
 - MEPRS Code of the Referring Clinical Specialty for ICU Care



■ **See Notes view for SIDR Record Status**



SIDR Status

SIDR Days Summary					
As of 16 Feb @ 1200					
Table Source: Raw_Data					
Exclude Cancelled					
DC FY	FY-11				
Count of REG NBR		MET NOT ME			
DC MO	CODING	MET	NOT MET	Blank	Grand Total
Oct-10	Approved	990	106		1,096
	Not Coded			2	2
	Cancelled			15	15
Nov-10	Approved	930	106		1,036
	Cancelled			12	12
Dec-10	Approved	988	65		1,053
	Cancelled			14	14
Jan-11	Approved	1,100	7		1,107
	Not Coded			36	36
	Cancelled			27	27
Feb-11	Approved	186			186
	Not Coded	2		363	365
	Cancelled	1		4	5
	Admitted			1	1
Grand Total		4,197	284	474	4,955

Notes



- High # SIDR Not Met Expected during 1st half of each FY due to delays in receiving updated ICD-9 and DRG tables.
- FY10 ICD-9/MS-DRG Table updated 16 Jan 2010
- FY11 ICD-9 and DRG Table updated 19 Oct 2010
- Pre-Coding FY10 Admissions in CCE, reduced Catch-Up Time to transmit SIDRs

SIDR Avg Days			
DC FY	FY:		
		Values	
DC MO	CODING	Average of CODING DAYS	Count of REG NBR
Oct-10	Approved	Force Transmitted	29.1
		Transmitted	26.2
	Not Coded	Incomplete	2
Nov-10	Approved	Force Transmitted	86.9
		Transmitted	29.2
	Not Coded	Incomplete	32
Dec-10	Approved	Force Transmitted	26.1
		Transmitted	1002
	Not Coded	Incomplete	2
Jan-11	Approved	Force Transmitted	54.9
		Transmitted	25.2
	Not Coded	Incomplete	32
Feb-11	Approved	Force Transmitted	27.8
		Transmitted	2
	Not Coded	Incomplete	2
Grand Total	Approved	Force Transmitted	25.5
		Transmitted	1001
	Not Coded	Incomplete	2
Oct-10	Approved	Force Transmitted	12.6
		Transmitted	48
	Not Coded	Incomplete	24
Nov-10	Approved	Force Transmitted	13.1
		Transmitted	9.5
	Not Coded	Incomplete	1
Dec-10	Approved	Force Transmitted	13.5
		Transmitted	1031
	Not Coded	Incomplete	3
Jan-11	Approved	Force Transmitted	13.5
		Transmitted	30
	Not Coded	Incomplete	2
Feb-11	Approved	Force Transmitted	9.6
		Transmitted	180
	Not Coded	Incomplete	12.3
Grand Total	Approved	Force Transmitted	9.9
		Transmitted	5
	Not Coded	Incomplete	81
Oct-10	Approved	Force Transmitted	9.4
		Transmitted	7.1
	Not Coded	Incomplete	1
Nov-10	Approved	Force Transmitted	9.4
		Transmitted	81
	Not Coded	Incomplete	1
Dec-10	Approved	Force Transmitted	9.4
		Transmitted	81
	Not Coded	Incomplete	1
Jan-11	Approved	Force Transmitted	9.4
		Transmitted	81
	Not Coded	Incomplete	1
Feb-11	Approved	Force Transmitted	9.4
		Transmitted	81
	Not Coded	Incomplete	1
Grand Total		22	4,881



MS-DRGs in 2009

- **MHS transitioned from CMS Diagnosis Related Groups (DRGs) to Medicare-severity DRGs**
- **Expands # of DRGs from 538 to 745**
- **Caution when pulling 2009 data by DRG from CHCS!!!**
- **Some CMS DRGs now have a completely different description and weighted value**
- **Examples:**
 - 373 (CMS DRG) VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
(MS-DRG) MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS
 - 376 (CMS DRG) POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
(MS-DRG) DIGESTIVE MALIGNANCY W/O CC/MCC
 - 378 (CMS DRG) ECTOPIC PREGNANCY
(MS-DRG) G.I. HEMORRHAGE W CC
 - 379 (CMS DRG) THREATENED ABORTION
(MS-DRG) G.I. HEMORRHAGE W/O CC/MCC

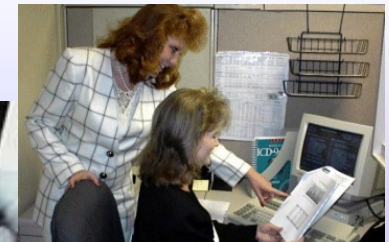
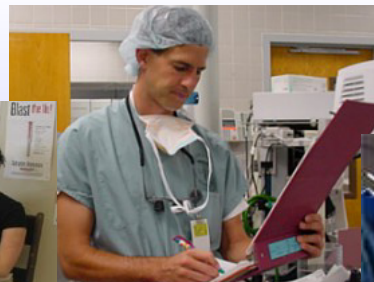


Source: Ad-Hoc CHCS Patient File with Encounter ID Extra to join DRG and weighted value



It Takes a Team!

- 1. Workload Reconciliation and Coding Compliance Review/Audit**
- 2. Database Administration (Files & Tables)**
- 3. Interface Error Management**
- 4. Data Needed for Operational Assessments and DQMCRL**
- 5. Staff Training and System Access Management**
- 6. Trouble Shooting and Trouble Ticket Reporting**





DQ Process Area Review

Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification

Clinical (CHCS/ADM & AHLTA)

7. Clinic & Provider Profiles (Specialties & Workload Flags)
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion

Cost/Performance & Billing (CHCS/ADM/EAS/M2)

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)
15. Accurate data to study Access to Care, Quality Improvements, Business Planning and Market Share Analysis

6. CHS Capture (DB)

11. Ancillary Order

Be Prepared for the "Duration"... Data Quality is not at One-Time Effort...



DQ - Where to Start ??

1. Training - Attend CHCS Training offered at your MTF - If none are offered, explore options:

- CHCS Virtual Classroom or Scheduled Training Options
- PASBA Coding VTC (Click on Coding->Coding VTC)

2. Coordinate with Provider/Nursing Champion and IMD to establish a CHCS/AHLTA Users Forum

3. Understand your MTF Business Processes:

- Provider/Staff In/Out-Processing
- CHCS/AHLTA Support and Training Team
- Coding Support and Provider Feedback
- Business Plan Targets/Balanced Scorecard Objectives Initiatives
- Special Programs
 - Warrior Transition Battalion
 - Case Management
 - Traumatic Brain Injury Clinic